

(Print Name of lobbyist)

# STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	t(s) Susan H. Paschell ; James P. Monahan	DEPARTMENT OF STATE
II. Name of lobbyis	t's partnership, firm or corporation, if any:	
The Dupont Group		
(Name of partnership, firm	n or corporation)	
114 N Main St. Suit	te 401 Concord, NH 03301	
Business Address: (Street	) (Town/City) (State) (Zip Code)	
(603 )228-3322	(603) 228-0713	e-mail jmonahan@dupontgroup.com
(Telephone)	(Fax)	C-man monananas auponigi oup.com
expense transaction	covers: (Choose one – file separate reports for is which are not attributable to any one client).  transactions occurring in the month prior to the re-	
Community Dobosi	and Health Association	
Community Benavi	oral Health Association (Full Name of Client as it appears on	the Lobbyist Registration Form)
<u>OR</u>	•	
All reportable tra		s family), or the lobbying firm listed below which are unrelated
IV. Date of Report	April 26, 2017  activity from date of registration to 3/31/17	July 26, 2017 <b>X</b> activity from 4/1/17 to 6/30/17
Reports cover	activity from date of registration to 3/31/1/	uctivity from 4/1/17 to 0/30/17
	October 25, 2017 (activity from 7/1/17 to 9/30/17	January 31, 2018
	no fees received and no reportable transaction is to the Secretary complete just this form and submit it to the Secre	ns made since the last report.   retary of State's Office, State House, Room 204, Concord, NH
Vk. Check if addition If you have recei	onal reports are attached: ved fees or made expenditures, you must file Add	lendum A- Fees and Expenses
☐ If you have paid Reimbursement	an honorarium or reimbursed expenses, you must	t file Addendum B- Report of Honorariums or Expense
☐ If you, your firm	, or your family has made political contributions,	you must file Addendum C- Political Contributions.
Sworn Statement/A I have read RSA 15, best of my knowledge		firm that the foregoing information is true and complete to the
purau H.	Paschell	
(Signature of lobbyist)		7/26/2017 (Date)
Susan H. Paschell		



I. Name of Lobbyist(s)

# STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

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NEW HAMPSHIRE DEPARTMENT OF STATE

Susan H. Paschell; James P. Monahan  II. Name of lobbyist's partnership, firm or corporation, if any:					
(Name of partnership, firm or corporation)					
III. Name of Client Community Behavioral Health Association	<u>D</u> ate 7/26/2017				
IV. Fees Received  Indicate the gross amount of all fees received from the client identified above including fees for services such as public advocacy, government relations, or p legislation, and related legal work. The gross fee amount reported shall not be	public relations services including research, monitoring				
a) Total of all fees received in this reporting period	a) \$12,000				
b) Total of all fees received this calendar year, prior to this reporting period	b) \$12,000				
(This should equal the total of all prior monthly reports for this calendar year)					
c) Total of all fees received to date (Add lines a and b)	c) <b>\$24,000</b>				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) <b>\$0</b>				
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.					
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$				

b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from whom paid or to whom charged.	lobbying fees during this reporting period, including b
Paid to: Amount:	o.
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that best of my knowledge and belief.  JULIUM H. Paschell	
7/26/	72017
(Signature of lobbyist) (Date	)
Susan H. Paschell (Print Name of lobbyist)	

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### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

NEW HAMPSHIRE DEPARTMENT OF STATE

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affir Statement of Income as					
Name of Lobbying partnership, firm, or corporation: The Dupont Group					
Name of Client (leave bl	ank if Statement is for the	e partnership, firm, or corpora	ation and not related to any particular		
client): Community Bo	ehavioral Health Associa	ition			
Date of Report (check o	ne):				
April 26, 2017 🗆	July 26, 2017 X	October 25, 2017 [	January 31, 2018 □		
			nses described above, and the lendum forms being submitted):		
1 Addendum A(s).					
0 Addendum B(s).					
<u>0</u> Addendum C(s).					
the best of my knowledg	e and belief.	ation on the Statement and ea	ach Addendum is true and complete to		
Jr The	and the second s				
(Signature of lobbyist)	<u> </u>	<u>4/26/20</u> (Date)	017		
(Signature of loodyist)		(Date)			
James P. Monahan					
(Print Name of lobbyist)					